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Year: 2014

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## **Pheochromocytoma crisis**

Tschuor, Christoph ; Sadri, Helen ; Clavien, Pierre-Alain

**Abstract:** KEY CLINICAL MESSAGE: Adrenergic crisis induced by a pheochromocytoma leads to life-threatening catecholamine-induced hemodynamic disturbances. Successful treatment of a pheochromocytoma crisis demands prompt diagnosis, vigorous pharmacological therapy and emergent tumor removal, if the patient continues to deteriorate.

DOI: <https://doi.org/10.1002/ccr3.6>

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ZORA URL: <https://doi.org/10.5167/uzh-104319>

Journal Article

Published Version



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Originally published at:

Tschuor, Christoph; Sadri, Helen; Clavien, Pierre-Alain (2014). Pheochromocytoma crisis. *Clinical Case Reports*, 2(1):14.

DOI: <https://doi.org/10.1002/ccr3.6>

## CLINICAL IMAGE

### Pheochromocytoma crisis

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#### Funding Information

No funding information provided.

Received: 21 June 2013;

Accepted: 28 July 2013

*Clinical Case Reports* 2014; 2(1): 14

doi: 10.1002/ccr3.6

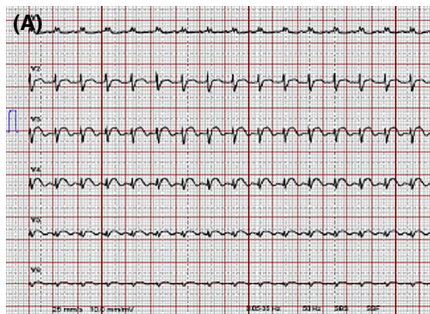
#### Question

What is the correct patient's diagnosis, and which is the most appropriate treatment?

- (A) A pheochromocytoma, treatment by tumor removal
- (B) A pheochromocytoma crisis, treatment by emergent tumor removal
- (C) A pheochromocytoma crisis, treatment by emergent tumor removal if vigorous pharmacological therapy fails
- (D) A pheochromocytoma, treatment by vigorous pharmacological therapy

Correct answer: C

A 49-year-old woman presented with a 1-day history of nausea. ECG showed anterior ST-segment elevations (V1–V6) (Figure A) and the troponin test was positive. Echocardiography disclosed anterior hypokinesia of the left ventricle



#### Key Clinical Message

Adrenergic crisis induced by a pheochromocytoma leads to life-threatening catecholamine-induced hemodynamic disturbances. Successful treatment of a pheochromocytoma crisis demands prompt diagnosis, vigorous pharmacological therapy and emergent tumor removal, if the patient continues to deteriorate

#### Keywords

Critical care medicine, general surgery

with a left ventricular ejection fraction (LVEF) of 23%. The patient developed a cardiogenic shock accompanied by acute liver, kidney, and respiratory failures. Computed tomography showed an 8-cm right-sided adrenal mass with central necrosis (Figure B), which was removed *in toto* during emergency surgery (Figure C). Adrenergic crisis induced by a pheochromocytoma leads to life-threatening, catecholamine-induced hemodynamic disturbances. Successful treatment of a pheochromocytoma crisis demands prompt diagnosis, vigorous pharmacological therapy, and emergent tumor removal, if the patient continues to deteriorate.

#### Financial Support

None.

#### Conflict of Interest

None declared.

